

# **APPLICATION FOR CAPITAL ASSISTANCE**

**FISCAL YEAR 2007**



**MONTANA DEPARTMENT OF TRANSPORTATION  
TRANSIT SECTION  
2550 PROSPECT AVENUE  
PO BOX 201001  
HELENA, MONTANA 59620-1001  
FAX: (406) 444-7671  
<http://www.mdt.mt.gov/>**



The Montana Department of Transportation (MDT) attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Dept. Alternative accessible formats of this information will be provided upon request. For further information call (406) 444-6331 or TTY (800)335-7592, or by calling Montana Relay at 711.

## Application for Capital Assistance

Legal Name of Applicant Agency: \_\_\_\_\_

Name of Transit Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Authorization to Apply:

I hereby authorize this applicant to provide transportation services to the county/city/communities of \_\_\_\_\_. I certify that this applicant has the fiscal, managerial, and legal capabilities to administer the program. I also certify that the required local match will be provided.

Signature: \_\_\_\_\_

Chief Executive/Board Chair: \_\_\_\_\_

Date: \_\_\_\_\_

1. Capital Assistance Request:  
Vehicle and Equipment Needs

Vehicles		Quantity	Estimated Unit Cost	Total
1	7 Passenger Mini-Van*		\$28,000.00	\$
2	Mini-Van Conversion (ramp)		\$41,000.00	\$
3	10 Passenger Small Bus (1 Wheelchair Station)		\$50,000.00	\$
4	12 Passenger Small Bus** (2 Wheelchair Stations)		\$55,000.00	\$
5	16 Passenger Small Bus** (2 Wheelchair Stations)		\$60,000.00	\$
6	21 Passenger Small Bus** (2 Wheelchair Stations)		\$65,000.00	\$
7	25 Passenger Small Bus** (2 Wheelchair Stations)		\$69,000.00	\$
8	25 Passenger Body on Chassis** (2 Wheelchair Stations)		\$80,000.00	\$
9	Base Station		\$3,000.00	\$
10	Mobile Two-Way Radio		\$2,000.00	\$
11	Computer System with Printer		\$2,000.00	\$
12	Passenger Shelters		\$6,000.00	\$
13	Facilities			\$
14	Other Equipment (Specify)			
Total Estimated Capital Costs 100%				\$
Total Federal Capital Assistance Request 86%				\$
Total Local Match Capital Assistance Request 14%				\$

\* Note: If you do not have a wheelchair-lift equipped vehicle in your fleet that meets ADA standards, you cannot apply for a non-accessible van.

\*\* Note: Diesel Engines are an additional \$4,000.00 - \$5,000.00.

2. Describe the need and use of the requested vehicle(s)/equipment. For vehicles, explain whether the vehicle or vehicles are replacing existing vehicles or are for an expansion of the existing fleet. For other capital equipment, provide information about the need and use.
3. Area Served by Your Organization:
4. List estimated revenue source(s) and amount(s) for covering transportation-operating expenses. (Do not include agency local match funds for vehicle/equipment request.)
5. List source(s) of funds for local match of requested vehicle(s) and/or equipment.

6. Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_  
(start date) (end date)

7. Do your transportation driver(s) belong to a union? Yes \_\_\_\_ or No \_\_\_\_  
If "yes," complete section (a-e) below.

a. Union Name: \_\_\_\_\_

b. Contact: \_\_\_\_\_

c. Phone: \_\_\_\_\_

d. Address: \_\_\_\_\_

e. E-mail: \_\_\_\_\_

8. Do you serve a minority clientele? Yes \_\_\_\_\_ No \_\_\_\_\_  
Definition of "Minority" according to the Disadvantaged Business Enterprises (DBE) Program and 49 CFR Part 26:

A person who is a citizen or a lawful permanent resident of the United States and who is:

- a) Black (a person having origins in any of the black racial groups of Africa);
- b) Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race);
- c) Subcontinent Asian American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; or
- d) American Indian and Alaskan Native (a person having origins in any of the original peoples of North America).
- e) Members of other groups, or other individuals, found to be economically and socially disadvantaged by the SBA under section 8(a) of the Small Business Act, as amended (15 U.S.C. 637[a]).

9. Private Sector Participation:  
Applicants must provide information about their local process for private sector participation. Please address the following areas, as applicable:

- a. Is there a private transportation provider or taxi service in your service area? Yes \_\_\_\_\_ No \_\_\_\_\_ If you answer "yes," please answer the following questions.

- b. What role do private providers play in your transportation program?
- c. Explain your process for providing notice to private providers of proposed services.
- d. List all meetings, hearings or other opportunities for private sector involvement early in the service development process.
- e. What is your process for reviewing private sector proposals offered for consideration and the rationale for inclusion or exclusion?

10. Coordination Plan: Developed Coordination Plan attached with this application?  
Yes\_\_\_\_\_ No\_\_\_\_\_  
If "no," please explain why?

11. Transportation Development Plan (TDP): If a TDP for your area has been developed, what is the date of the last TDP?

## Attachment Check List

Before submitting this application, please make sure the application includes the following attachments. **New applicants must answer the following questions (1-11). Existing grantees must complete questions 1-4. Questions 5-11 must be answered if updated information is submitted.**

### ATTACHMENTS

Please Circle

1.      Yes / No      Private operators and the public including existing and potential new users of the service must be assured an early opportunity to participate in the service development process. Attached are documents verifying all efforts to notify taxi and other private operators of meetings, hearings, forums and other activities involving this application. **(required by all applicants)**
2.      Yes / No      If applicable, attached is a description or correspondence of resolved and unresolved complaints from taxi or other private operators within the past twelve months. **(required by all applicants)**
3.      Yes / No      A copy of the public notice given in the area newspapers and the Affidavit of Publication for said public notice. (a minimum of 15 days response time must be provided prior to submission to MDT.) **(required by all applicants)**
4.      Yes / No      Developed Coordination Plan and TAC meeting minutes. **(required by all applicants)**
5.      Yes / No      Copy of the public hearing transcript if a public hearing was requested. **(required)**
6.      Yes / No      Copy of your maintenance plan. **(required)**
7.      Yes / No      Articles of Incorporation. **(required)**
8.      Yes / No      Bylaws. **(required)**
9.      Yes / No      Copy of your local program complaint procedures. **(required)**
10.     Yes / No      Copy showing verification of exemption as a private non-profit organization under IRS Section 501(c)3. **(required)**
11.     Yes / No      For applicants in Billings, Great Falls, and Missoula urbanized areas only – written verification that project is included in the Transportation Improvement Program adopted by the Metropolitan Planning Organization. **(required)**

SAMPLE PUBLIC NOTICE  
NOTICE FOR COMMENT BY PRIVATE SECTOR

Public Notice

This is to notify all interested parties that (Applicant Name) is applying for (dollar amount) through the capital assistance grant. The capital assistance grant is funded by the Federal Transit Administration (FTA) and administered by the Montana Department of Transportation. FTA funds will be used to purchase (type of vehicle or equipment) for providing transportation services to (Client Group - e.g., Senior Citizens, D.D. Group Home, D.D. Activity Centers).

The application is on file at (Agency Address). If requested, a public hearing will be held and public notice indicating the location, date, and time of the hearing will be provided. For more information or for those who require accommodations for disabilities, contact (Applicant Name, Transit Coordinator, Address, Telephone Number) or Department of Transportation, Helena at 444-4210 (voice), or 444-7696 (TTY).

The (Applicant Name) will be requesting financial assistance from the Montana Department of Transportation and the Federal Transit Administration.